

FILED JAN 20 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

292

STATE FILE NUMBER

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Joseph		c. CITY OR TOWN St. Joseph	
c. FULL NAME OF (If NOT in hospital, give location) D.O.A. ST. JOSEPH'S HOSPITAL		d. STREET ADDRESS 2318 Bartlett	
3. NAME OF DECEASED (Type or print) John V Knight		4. DATE OF DEATH Jan. 4, 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 9, 1881
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) He.		10b. KIND OF BUSINESS OR INDUSTRY Painter	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME John Knight		13b. MOTHER'S MAIDEN NAME Bridgit Walsh	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. unknown	
17. INFORMANT Thomas J. Knight		Address Hawthorne Calif.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CORONARY OCCLUSION			INTERVAL BETWEEN ONSET AND DEATH 30 MIN.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 4201	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21. I attended the deceased from not attended, to Viewed Jan. 4, 1958 Death occurred at 12:15 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED 1-6-58	
22a. SIGNATURE (Do not write)		22b. ADDRESS 302 Farnham St. Joseph	
23a. BURIAL, CREMATION, REMOVAL (Specify) Buried		23b. DATE 1/7/58	
23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery		23d. LOCATION (City, town, or county) (State) St. Joseph, Mo	
24. FUNERAL DIRECTOR John E. ...		25. DATE RECD. BY LOCAL REG. Jan. 10, 1958	
26. REGISTRAR'S SIGNATURE Mrs. Robert Fulton			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

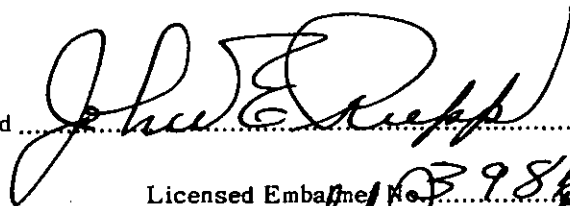
All diseases in Part I must be causally related.

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
 by me, or by ....., Student Embalmer No. ....  
 working under my personal supervision.

Student .....  
 Signature of Student Embalmer

Signed



Licensed Embalmer No. 3985

P. O. Address St. Joseph

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.